

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3		/				
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TOTAL IND. **4**   

TOTAL DEP. **42**   

TOTAL CLAIMS **46**   

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.   

TOTAL DEP.   

TOTAL CLAIMS  